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FEET TRANSMITTAL FIFTHING DATE FOR TY 2008 FOR 1.75 FOR TY 2008 For TY 2008 For TY 2008 First Named Inventor Takehiko NOMURA For TY 2008 First Named Inventor Takehiko NOMURA First Named Inventor Takehiko NOMURA For TY 2008 For TY 2008 First Named Inventor Takehiko NOMURA For TY 2008 For TY 2008 For TY 2008 First Named Inventor Takehiko NOMURA For TY 2008 For T				Complete if Known				
FOR FY 2008 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. 0020-5340PUS1			Application Nu	Application Number		10/522,877-Conf. #5247		
FOR FY 2008 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. 0020-5340PUS1	FEE TRANSMITTAL		Filing Date		February 2, 2005			
Application Type Application Type Fee (s)	1		First Named Inventor Takehiko NOMURA		/JURA			
METHOD OF PAYMENT (check all that apply)	F01 F1 2006		Examiner Name		S. R. Macauley			
Check Credit Card Money Order None Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27		Art Unit		1651			
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Namer	TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 0020-5340Pt			S1			
X Deposit Account Deposit Account Number Q2-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below X Credit any overpayments Charge fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any overpayments Telegola under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any overpaym	METHOD OF PAYMENT (check all that apply)							
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Application Type								
Papilication Type	FEE CALCULATION							
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Design Signature Fee (\$) Fee	FIL							
Design 210 105 100 50 130 65	Application Type Fee (\$)					Fees F	aid (\$)	
Plant	Utility 310	155 510		210				
Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2	Design 210	105 100	50	130	65			
Provisional 210 105 0 0 0 0 0	Plant 210	105 310	155	160	80			
Small Entity Fee Description Fee (\$)	Reissue 310	155 510	255	620	310			
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